CHAIN-OF-CUSTODY / Analytical Request D

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields m

PM: MMW

Requested Due Date: Mt. Iron, MN 55768 Required Client Information: Address: P.O. Box 417 company: 11 10 9 6 2 12 WS-003 Thickner Overflow WS-002 Scrubber Make-Up USS Corporation One Character per box.
(A-Z, 0-91, -)
Sample Ids must be unique SAMPLE ID ADDITIONAL COMMENTS Fax: MATRIX
Drinking Water
Voter
Voter
Vote Vater
Vote Vater
Product
Soll/Solid
Oil
Vope
Air
Other
Tissue Required Project Information: Project #: Project Name: Copy To: Purchase Order #: Report To: Tom Moe RELINQUISHED BY / AFFILIATION MOE! M 4 MATRIX CODE (see valid codes to left) SAMPLE TYPE (G=GRAB C=COMP) NPDES-LINE 3 Wkly 12 1458 START SAMPLER NAME AND SIGNATURE COLLECTED SIGNATURE OF WAMPER: 1700C PRINT Name of SAMPLER: 2160 DATE 2260 END 4/29/17 DATE SAMPLE TEMP AT COLLECTION 635 Invoice Information:
Attention: Pace Profile #: # OF CONTAINERS Pace Quote: Address: Pace Project Manager: Company Name: TIME Unpreserved H2SO4 ниоз Preservatives HCI Mullim ! NaOH ACCEPTED BY / AFFILIATION Na2S2O3 heather.zika@pacelabs.com Methanol Other Y/N **Analyses Test** Sur LAB FILTERED: SO4 DATE Signed: × × Lab FILTERED: Ca,Mg,Har CLIENT: USS CORP #/BB DATE 635 TIME Due Date: 07/14/17 Regulatory Agency TEMP in C Residual Chlorine (Y/N) LF,LF Received on LF,LF SAMPLE CONDITIONS (Y/N) Custody Sealed Cooler (Y/N) Samples Intact (Y/N)

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Pace Analytical **

Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10 Document Revised: 15Mar2016 Page 1 of 1

Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Client Name:			Project #	# [IJO#:129063Z
Upon Receipt				PM: MMW Due Date: 07/14/17
Courier: Fed Ex UPS	USPS	U	lient	CLIENT: USS CORP
☐ Commercial ☐ Pace	Other:			GE ELITO
Tracking Number:				
Custody Seal on Cooler/Box Present?	Vo	Seals In	ntact?	Yes No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bag	s Ph	one [Other:_	Temp Blank? Ves 🗌 No
Thermometer Used: 🗹 140792808	Type of	Ice: 🕡	Wet [Blue None Samples on ice, cooling process has begu
Cooler Temp Read °C: 3, Cooler Temp Confer	or: $t0.3$	c: <u> </u>	Date and	Biological Tissue Frozen? Yes No PN I Initials of Person Examining Contents: Comments:
Chain of Custody Present?	Yes	□No	□N/A	1.
Chain of Custody Filled Out?	Yes	□No	□N/A	2.
Chain of Custody Relinquished?	Tes	□No	□N/A	3.
Sampler Name and Signature on COC?	Yes	□No	□N/A	4.
Samples Arrived within Hold Time?	Yes	□No	□N/A	5. If Fecal:<8 hours >8, <24 hours >24 hours
Short Hold Time Analysis (<72 hr)?	Yes	No	□N/A	6.
Rush Turn Around Time Requested?	Yes	No	□N/A	7.
Sufficient Volume?	Ves	No	□N/A	8.
Correct Containers Used?	Yes	□No	□N/A	9.
-Pace Containers Used?	Yes	□No	□N/A	
Containers Intact?	Yes	□No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	□Ye≱	□No	₩/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	Yes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix:				ξ.
All containers needing acid/base preservation will be checked and documented in the pH logbook.	Yes	□No	ØN/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	Yes	□No	□N/A	13.
Headspace in VOA Vials (>6mm)?	Yes	No	N/A	14.
Trip Blank Present?	Yes	□No	DN/A	15.
Trip Blank Custody Seals Present?	Yes	No	N/A	3500
Pace Trip Blank Lot # (if purchased):				
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:				Date/Time:
Comments/Resolution:				
-				

Date: 6/30/17 Project Manager Review: 4 May May Date: 430117

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)